

## **PI - Entering and Maintaining the PI Database**

### **Purpose:**

This procedure provides instructions on entering and maintaining a case in the PI database.

### **Identification of Roles:**

All Program Integrity (PI) staff has the ability to make updates to the PI database. Certain fields can only be updated by Management and the Database Administrator.

### **Performance Standard:**

None

### **Path of Business Procedure:**

- Step 1. The Account Manager, Operations Manager or designee is responsible for entering new cases into the PI Database.
- Step 2. When the Account Manager or Operations Manager receives a referral or a Reviewer begins a preliminary or full review process with a specific provider, the case must be entered into the PI database with notification to the Reviewer.
- Step 3. Enter the PI Database with a double click on the appropriate icon on the computer desktop (check with Database Management Administrator if unsure).
- Step 4. At the Main Menu of the PI Database, choose "Administration," then "Add a New Provider Case."
  - a. Begin inputting information on the upper left hand corner.
    1. Provider name.
    2. Pay to provider #-If entering an entirely new additional case for the same Pay To provider number, the tracking number in the database for these cases would have a .002 or .003 at the end.
    3. Reviewer name.
    4. Any previous reviewers and date reassigned.
    5. Received Date.
    6. Date Assigned (these two dates may be the same or may be different).
    7. Source.

8. Name of project (This is obtained from the completed form F-102, “Reviewer Recommendation and Project Initiation” Form, as identified by the Operations Manager. It is essential that the name of the project be entered exactly as designated on the project initiation form. Referrals and cases that are undergoing preliminary review will also be entered into the Database and will be designated as “Preliminary” until they are given a project name.)
9. Date Case Assigned by Operations Manager—Operations Manager will check box and input date assigned into Level 1 Review.

Step 5. Click “Notify Reviewer” so that the Reviewer can confirm the assigned case has been entered into the database. This will send a direct e-mail to the Reviewer through Microsoft Outlook. The Reviewer should receive this communication within two business days of case assignment.

Step 6. The Reviewer is responsible for maintaining all active assigned cases. The Reviewer will complete the middle portion of the screen (the 5 Review Levels with correlating dates, current Case Status, and Status History). (Refer to procedure “Summary of Review Process.”) The accuracy of these levels, including dates, is essential for analyzing review data according to unit performance standards.

**Level 1: Date Case Assigned by Operation Manager**—This may be the date that the case is assigned to the Reviewer from the Operation Manager; the date that a referral was received; or the date that the Reviewer proactively initiates a review. The Operation Manager or Designee is responsible for entering this date.

**Level 2: Date Preliminary Review Began**—This is the date the preliminary review begins.

**Level 3: Date Case Was Approved**—Based on the results of a preliminary review or on analysis of available information on case assignment; the Reviewer makes a recommendation for case dispensation. The day the review is approved for full review process is the date that is put in Level 3.

**Level 4: Date of Findings Letters**—This is the actual date on the findings letters and the date they were mailed.

**Level 5: Review Closed**—Individual provider reviews may be closed in the PI Database by the Reviewer when:

No errors discovered; no recoupment requested.

Notice of recoupment sent followed by full receipt of payment from provider.

1. Notice of recoupment sent followed by credit adjustments (claims off-set) to the provider’s account.

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2. Notice of recoupment sent with no payment; no activity on provider's account for six months; referred by Payment Integrity Specialist to the Revenue Collections Unit for follow up.
  3. Findings letter resulting in an appeal process. This process ultimately culminates in payment by provider or revised findings without recoupment.

Step 7. The Reviewer will maintain the current Case Status with the use of a drop down box, and fill in the date that the status is being changed. This data also is used to assess review timelines in correlation with unit performance standards.

Step 8. Case Priority is a drop-down box and would be considered mid-level unless otherwise assigned. Special instructions can be noted as applicable.

Step 9. This also is the screen to utilize for documentation of a "Hold" status for MFCU (Medicaid Fraud Control Unit), Policy Department, or any other internal reason.

Step 10. The blue boxes for Status History and notes on Policy Hold are for additional documentation. They can be modified and are not permanent until Save Record is clicked at the bottom of the screen.

Step 11 A report may be printed from this page, as needed.

#### ADDITIONAL SCREENS MAY BE USED BY IME SURS

- a. Provider Information Tab—This screen lists the address and provider type for the "Pay To" provider under review. The bottom "Treating Providers" section of this screen is where the Reviewer enters any Treating Provider numbers under review for the same case.

1. Letters Tab—Update each time a letter is sent to the provider.
2. Notes Tab—For additional documentation as the case progresses.
3. The documentation entered becomes permanent when "Add Note" is clicked, and can only be changed by the Database Management Administrator with the approval of the Account Manager, or Supervisor
4. Recoupment Tab—This is maintained by the Payment Integrity Specialist.
5. Appeals Tab—This is maintained by the lead Reviewer and reviewed by the Supervisor.
5. File Tracking Tab—This screen is

to document where the medical record or print copy documents may be located.

6. Audit Tab—This screen must be kept current so that timelines can be analyzed according to the unit's performance standards.

- b. On a weekly basis, the Database Management Administrator or Payment Integrity Specialist will provide each Reviewer with a report of active cases to which he or she is assigned. It is the responsibility of the Reviewer to review a hard copy of the report and ensure that all cases are updated correctly. It also is imperative that cases are up to date at the end of each month for quality management analysis and reporting.

Additional training on the PI database may be obtained through the Database Management Administrator.

**Forms/Reports:**

[\\dhsime\imeuniversal\Operational Procedures\Program Integrity\Forms and Letters\Approved Letter Templates\PI Form\Project Initiation Form F102\\_1P.dotx](\\dhsime\imeuniversal\Operational Procedures\Program Integrity\Forms and Letters\Approved Letter Templates\PI Form\Project Initiation Form F102_1P.dotx)

**RFP Reference:**

6.1.2.2.6

**Interfaces:**

Program Integrity  
State Policy

**Attachments:**

None